

FILED JUN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16010

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>152</u>	
1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		0269	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>130 W. - MILLER</u>			
3. NAME OF DECEASED a. (First) <u>SOPIA</u>			b. (Middle) <u>KROLL</u>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30, 1951</u>		5. SEX <u>Female</u> <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JUNE 2, 1871</u>		9. AGE (In years last birthday) <u>79</u>		10. UNDER 1 YEAR Days <u>11</u> Hours <u>28</u>		11. UNDER 18 Hrs. <u>0</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. ELIZABETH, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>HENRY BODIKER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA BERLAGE</u>	
14. NAME OF HUSBAND OR WIFE <u>Sam Kroll</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Sam Kroll Johnson, Mo.</u>				ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocardial Failure</u>							
INTERVAL BETWEEN ONSET AND DEATH _____							
ANTECEDENT CAUSES <u>Arteriosclerotic Heart Disease</u>							
Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. <u>General arteriosclerosis</u>							
DUE TO (b) <u>Senility</u>							
II. OTHER SIGNIFICANT CONDITIONS <u>Senility</u>							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>		22. I hereby certify that I attended the deceased from <u>Jan 19 42</u> to <u>May 30, 1951</u> , that I last saw the deceased alive on <u>May 30, 1951</u> , and that death occurred at <u>11:15 p.m.</u> from the causes and on the date stated above.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Jeff. City - Mo</u>		23c. DATE SIGNED <u>6-3-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 1, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>June 6 1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD - MR. 68</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u> ADDRESS <u>J. C. MO.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-7-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

.....
working under my personal supervision.

Student Embalmer No.

Signed

Sylvester Dulle

Signed.....
Student Embalmer

Licensed Embalmer No. 4321

P. O. Address

Jefferson City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.